



Bib Data Sheet

UNITED STATES DEPARTMENT OF COMMERCE  
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<b>SERIAL NUMBER</b> 09/385,341	<b>FILING DATE</b> 08/30/1999 <b>RULE</b> _	<b>CLASS</b> 340	<b>GROUP ART UNIT</b> 2736	<b>ATTORNEY DOCKET NO.</b> 204.231	
<b>APPLICANTS</b> YOSEF HAIMOVICH, RISHON LE ZION, ; YEHUDA ARMONI, REUT, ISRAEL ; MICHAEL AUERBACH, MACCABIM, ;  ** CONTINUING DATA ***** <i>none</i> ** FOREIGN APPLICATIONS ***** ISRAEL 126007 08/31/1998 <i>yes</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** SMALL ENTITY ** ** 09/14/1999					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Benjamin</i> Acknowledged <i>AL</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> _	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 15	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b>  ABELMAN FRAYNE & SCHWAB 150 EAST 42ND STREET NEW YORK, NY 100175612					
<b>TITLE</b> ELECTRONIC FILAMENT NETTING					
<b>FILING FEE RECEIVED</b> 380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

SERIAL NUMBER 09/385,341	FILING DATE 08/30/99	CLASS 439	GROUP ART UNIT 2839	ATTORNEY DOCKET NO. 204.231										
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">APPLICANT</div> <div> <p>YOSEF HAIMOVICH, RISHON LE ZION, ISRAEL; MICHAEL AUERBACH, MACCABIM, ISRAEL.</p> <p><b>**CONTINUING DOMESTIC DATA*****</b>            VERIFIED  <i>none</i>  <u>ml</u></p> <p><b>**371 (NAT'L STAGE) DATA*****</b>            VERIFIED  <i>none</i>  <u>ml</u></p> <p><b>**FOREIGN APPLICATIONS*****</b>            VERIFIED      ISRAEL      126007      08/31/98  <i>yes</i>  <u>ml</u></p> <p>IF REQUIRED, FOREIGN FILING LICENSE GRANTED 09/14/99 ** SMALL ENTITY **</p> </div> </div>														
<table border="1"> <tr> <td data-bbox="87 1386 803 1438">           Foreign Priority claimed            35 USC 119 (a-d) conditions met           <input type="checkbox"/> yes <input type="checkbox"/> no  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance         </td> <td data-bbox="807 1386 950 1491">           STATE OR COUNTRY            ILX         </td> <td data-bbox="953 1386 1144 1491">           SHEETS DRAWING            4         </td> <td data-bbox="1148 1386 1333 1491">           TOTAL CLAIMS            15         </td> <td data-bbox="1336 1386 1533 1491">           INDEPENDENT CLAIMS            1         </td> </tr> <tr> <td data-bbox="87 1438 803 1491">           Verified and Acknowledged  <u>B.L.</u>            Examiner's Initials      Initials         </td> <td colspan="4"></td> </tr> </table>					Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY ILX	SHEETS DRAWING 4	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 1	Verified and Acknowledged <u>B.L.</u> Examiner's Initials      Initials				
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FILING FEE RECEIVED  \$380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit											